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ABSTRACT

A 2-year project that identified and described characteristics of graduate programs outside schools of public health is briefly summarized. The project also established linkages among professional organizations representing graduates from these programs. Recommendations of the advisory committee, which was composed of representatives from these organizations, are also offered. The great majority of graduate programs were located on campuses usually identified with high levels of research activity. For 1981-1982, 317 graduate programs located outside schools of public health were identified in the fields of community health nutrition, environmental and occupational health, epidemiology, health services administration and planning, health education, health statistics, community health and preventive medicine, and residency programs in preventive medicine and dentistry. Information is presented on program characteristics, program size, faculty, student characteristics, racial/ethnic minority representation, and sex distribution. It is recommended that there be an exchange of information and data collection methodologies regarding graduate programs in public health and the professions. Recommendations for future research are also offered. (SW)

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Overview of Graduate Programs in Public Health

Outside Schools of Public Health

1981-82

U.S. DEPARTMENT OF EDUCATION
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Washington, D.C.

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September 1982

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My special thanks go to the DAHP staff and B. Jerald McClendon for their technical guidance and financial support of this project. In particular, the study benefited greatly from Jerry's expertise in this area as well as his keen interest in and cooperation with the study.

Various people from BSSR were involved in this study and should be acknowledged here: Laure M. Sharp for her continued confidence and guidance; Richard White for his involvement during the planning stage of the project; Joanne Frankel for developing pretest questionnaires and analyzing pretest results; Miriam Z. Balutis and Mary Eileen Dixon for supervising the field work; and Miriam also for her analysis of residency programs; Janie Marinkovic for data coding and cleaning-up processes; Barbara B. Noble and Richard C. Roistacher for supervising data processing and production processes; Sylvia Thompson for programming and running the data; Scott Kuster for producing the tables; and Prem Khurana for making the final corrections. I also want to thank Susan Cantril who so kindly agreed to proofread the final draft and Pat Libby who took care of the arrangements for Advisory Committee meetings.

Finally, this study could not have been completed without 262 program contact persons who diligently went through departmental and school records to provide the information requested in the study. I hope their efforts are well justified.

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Engin Inel Holmstrom
Project Director
September 1982

FOREWORD

Public health -- the attempt to prevent or control disease and promote health through organized community efforts -- has contributed significantly to the improved health of Americans in this century and has the potential to make equally valuable contributions in the coming years. Because the organization of public health services is an essential function of government, timely information on the preparation of specialists with graduate training in public health is important to cost-effective program development. Previous reports published by this Division and Bureau (see Schools of Public Health: Educational Data Project 1974-79 and Schools of Public Health: Trends in Graduate Education) have presented information on the characteristics of applicants, students, graduates, and faculty in schools of public health. This study provides, for the first time, comprehensive information on the more than 300 graduate programs other than schools of public health that educate public health specialists.

This report is a brief overview of the results of a two-year contract between the Division of Associated and Dental Health Professions (formerly the Division of Associated Health Professions) of the Bureau of Health Professions and the Bureau of Social Science Research, Inc. The study identified 317 graduate programs in public health outside schools of public health and compiled information on their programs, faculty, and students. In doing so, it helped foster linkages among professional associations representing various public health professions and the educational programs that train these personnel. Inevitably, a groundbreaking study such as this will raise more questions than it answers, and this project has certainly fulfilled that expectation. We hope the information reported and analyzed here will be useful to various agencies, educational programs, and professional societies and that the questions raised by the report will stimulate further research on the education and utilization of public health personnel. We are pleased to have been able to assist in this effort.

David B. Hoover
Acting Director
Division of Associated and Dental
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November 1982

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Introduction

For years there was no comprehensive and reliable information on the education of public health specialists in the United States. In 1974, the Division of Associated Health Professions (DAHP), Bureau of Health Professions, Health Resources Administration, contracted with the Association of Schools of Public Health (ASPH) to design and operate a data system that would record the characteristics of applicants, students, graduates and faculty. The data system was to collect information on research activities of public health school faculty as well as program cost and funding.

The information provided by the ASPH data system has been used widely for legislative purposes and for manpower planning. Despite the availability of such data, the information base on education in public health remained inadequate in that no information was available on the large number of programs outside schools of public health. To remedy this situation, DAHP contracted with the Bureau of Social Science Research (BSSR) in 1980 to conduct a two-year study, identifying and describing characteristics of graduate programs outside schools of public health. Another purpose of this study was to identify and establish linkages among professional organizations representing graduates from such programs.

BSSR was successful in bringing together a number of associations for this purpose: The American Dietetic Association, The American College of Preventive Medicine, The Association of University Programs in Health Administration, The Association of Teachers of Preventive Medicine, The National Center for Health Education, The National Environmental Health Association, and the Society for Public Health Education. These organizations cooperated with BSSR in identifying and collecting information from programs outside schools of public health. The representatives from these organizations were members of the project Advisory Committee which met four times during the two-year study.

A large report was submitted to DAHP in September 1982, describing in detail characteristics of programs outside schools of public health.[1] An overview of this project is presented here including deliberations and recommendations of the Advisory Committee.

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1. Engin Inel Holmstrom, Characteristics of U.S. Graduate Education in Public Health Outside Schools of Public Health. Washington, D.C.: The Bureau of Social Science Research, Inc., Sept. 1982.

Study Population

The study identified 317 graduate programs in public health that were located outside schools of public health in 1981-82: 15 in community health nutrition, 37 in environmental and occupational health, 6 in epidemiology, 49 in health services administration and planning, 117 in health education, 17 in health statistics, 14 in community health and preventive medicine, 52 in preventive medicine (residency programs), and 10 in public health dentistry (residency programs). Information was not available on six programs, and a few additional programs were unable to provide all the desired information.

Study Findings

Tables 1 and 2 present selected summaries for graduate programs in community health nutrition, environmental and occupational health, health services administration and planning, health education, and health statistics. Information on master's level programs in community health and preventive medicine is also included in these tables although these programs are not completely comparable to others. Because residency programs differ from the others, they are discussed separately.

Program Characteristics

The great majority of graduate programs studied here are located on campuses usually identified with high levels of research activity, such as the institutions in Research University I category as identified by the Carnegie Commission on Higher Education .[2] In contrast, very few programs were located in comprehensive universities and colleges. The only exception was health education where 45 percent of the programs were located in comprehensive universities and colleges. Most programs were housed in public institutions of higher education, although just over two-fifths of the programs in community health and preventive medicine, and health services administration and planning were in private institutions.

The median age of the programs ranged from over ten years (community health nutrition, health services administration and planning, environmental and occupational health) to under five years (epidemiology). Information on program funding was sketchy for most, unreliable for programs in epidemiology, and unavailable for programs in health services administration and planning. However, available data suggested that some of the programs were successful in raising outside

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2. The Carnegie Commission on Higher Education, A Classification of Institutions of Higher Education. Berkeley, California: The Carnegie Foundation for the Advancement of Teaching, 1976.

funds: for instance, 30 percent of health statistics funds, and just over one-fourth of program funds in environmental and occupational health and community health and preventive medicine came from Federal sources. The reliance on institutional funds was heavy, ranging from 94 percent (health education) to 64 percent (health statistics).

Program Faculty

With the exception of epidemiology and community health and preventive medicine, most programs employ more full-time than part-time faculty. The average number of faculty (both full-time and part-time) is also quite high, ranging from 11.7 (community health nutrition) to 6.2 (epidemiology). Programs in community health and preventive medicine had the largest number of faculty, averaging 15.8 per program.

Most of the faculty hold doctoral degrees. The lowest proportion of faculty with the doctorate was in health education programs and even in these programs, fully three-fourths of the faculty hold doctoral degrees. In all areas, however, the proportion of the faculty with doctorates in public health is very small. The Ph.D. is the most frequently-held degree, even by faculty in health education programs where it has overtaken the Ed.D., which was the predominant degree during the 1970s.

Program Size

Epidemiology and health statistics programs outside schools of public health were the smallest programs. On the average, these programs had four or five new students and 12-15 total enrollments. Programs in community health and preventive medicine also tended to be smaller than others, averaging 11.1 new students and 30.2 total enrollments. In contrast, the average programs in community health nutrition, health education, and environmental and occupational health had 16-17 new students and 47-54 total enrollments. The average program in health services administration and planning had a total full-time enrollment of 51.4. These programs also had the largest number of graduates (27.7), followed by community health nutrition (17). In contrast, the average number of graduates was about 12 for programs in environmental and occupational health and health education. The smaller programs graduated even fewer students: the average number of graduates was 5.9 for community health and preventive medicine, 2.9 for health statistics, and 2.8 for epidemiology programs. Finally, the ratio of applicants to new students was the highest for community health nutrition (3.1 to 1) and lowest for health education (1.8 to 1) programs.

Student Characteristics

Women, whites, and U.S. citizens were predominant among students enrolled in graduate programs outside schools of public health. Compared to other graduate students, students in these programs were more likely to enroll full time. The National Center for Education Statistics estimates that in 1980 approximately 40 percent of the nation's graduate students were enrolled full time. During the academic year 1978-79, about three-fourths of the students in schools of public health were enrolled full time. However, a majority of these students received traineeships, fellowships, grants, and other types of subsidies.[3] The full-time enrollment rates in graduate public health programs outside schools of public health ranged from 87 percent (community health nutrition and epidemiology) to 44 percent (health education). The proportion of students who received financial assistance from the Federal Government ranged from one-in-three (environmental and occupational health) to fewer than one-in-ten (health education). Complete information was not available for programs in epidemiology and health services administration and planning, where the proportion of Federally-funded students is probably higher than in other areas. In general, the full-time enrollment rates were high, even in those programs where student support funds appear negligible. Clearly many of these students pay for their own education or receive financial aid from non-Federal sources.

The median age for students in most programs was over 25. Not surprisingly, very few appeared to have come to their graduate studies directly from undergraduate school. The highest proportion of those reported as students prior to enrollment in graduate programs was in community health nutrition and environmental and occupational health programs (about 25% each). In epidemiology programs, all students appeared to have had some work experience prior to enrollment. The proportion of students who had some experience in the specialization area in which they are enrolled ranged from 54 percent (community health nutrition) to 14 percent (environmental and occupational health). The majority of students, however, had backgrounds if not in their own fields then in related fields or in biological sciences. The proportion of such students ranged from over four-fifths (health education) to over one-half (environmental and occupational health).

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3. Association of Schools of Public Health. Educational Data Project. 1974-1979. DHHS Publication No. (HRA) 80-46, May 1980.

Racial/Ethnic Minority Representation

In recent years, the health professional fields have been under pressure to increase the proportion of racial/ethnic minority students. The proportion of such students in this study varied by specialization areas, with the highest proportion in community health nutrition and community health and preventive medicine programs (both about 19%), and the lowest proportion in health services administration and planning and environmental and occupational health programs (each just over 12%).

National figures are generally used when discussing the relative representation of minorities in higher education programs. However, the racial/ethnic distribution of the nation varies by age. Since the average age of students entering the public health programs included in this study was over 25, the appropriate comparison group would be the nation's 20-34 aged group and not the total population.

In 1980, fully one-fourth of the nation's 20-34 age group were members of a racial/ethnic minority. Of these, 12 percent were Black, one percent were American Indian, Eskimo, and Aleut, two percent were Asian and Pacific Islander, seven percent were persons of Spanish origin (Hispanics), and four percent belonged to other racial/ethnic groups.[4]

Asian/Pacific Islanders were well-represented in the programs included in this study. In fact, in some specialization areas, they were "over-represented", with their proportion in total enrollments as high as 14 percent in health statistics and 10 percent in community health nutrition programs. The lowest proportion of Asian/Pacific Islanders was in health services administration and planning programs (2%). Even there, there was no under-representation since the proportion of Asian/Pacific Islanders in the 20-34 age group in the nation is also about 2 percent. This finding is hardly surprising in that Asian/Pacific Islanders are usually well-represented in most graduate programs. These students tend to come from more affluent backgrounds than other minorities and usually hold higher academic credentials.[5]

Black enrollments varied by specialization areas. They were somewhat well-represented in community health and preventive medicine (14%), slightly under-represented in health education (10%), epidemiology (8%), and health services administration and planning (8%)

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4. Bureau of the Census. Population Profile of the United States: 1980. Washington, D.C.: U.S. Government Printing Office, Current Population Reports, Series P-20, No. 363, June 1981, Table 5, p.10.

5. Engin Inel Holmstrom. A Comparison of Minority Aspirants to Health Careers. Women and Minorities in Health Fields. A Trend Analysis of College Freshmen. Volume 3. DHEW Publication No. (HRA) 77-47, February 1977.

programs, and under-represented considerably in health statistics (1%), environmental and occupational health (5%), and community health nutrition (5%) programs.

Students of Spanish origin were under-represented in all specialization areas. The heaviest concentration was in health education programs where four percent of students were Hispanics as compared to seven percent in the comparable age group in the nation.

American Indians constitute a very small national minority (1%) and were well-represented in health education (2%), community health and preventive medicine (1%), and health services administration and planning (1%) programs.

The representation of racial/ethnic minorities was much lower among the faculty than among total enrollments. The proportion of faculty with racial/ethnic minority backgrounds ranged from 13 percent (community health nutrition) to none (epidemiology).

Sex Distribution

The proportion of female students among total enrollments varied by specialization areas. Most specialization areas were predominantly female. The proportion of female students ranged from 78 percent (community health nutrition) to 52 percent (health services administration and planning). The only predominantly male field was environmental and occupational health where two-thirds of total enrollments were men. Advisory Committee felt, however, that this field was making an effort to enroll more women.

Although women constituted the majority of students, men outnumbered women among faculty in all specialization areas, including in such typically female fields as health education and community health nutrition. Further, in all specialization areas, women were concentrated in lower academic ranks, while men dominated the higher ranks, such as full professorships. The absence of women faculty in some of the specialization areas might be attributed to some extent to historical factors. For instance, the environmental and occupational health field has been predominantly a male profession and it will take some time before newly entering female faculty can be expected to move up the academic ladder. Similarly, almost all of the community health and preventive medicine programs are in schools of medicine, where the faculty is still predominantly male, although there are efforts to recruit women faculty. It will take some time before the faculty composition in these programs can also change. These expectations are based on the assumption that sex discrimination does not exist in the hiring and promotional policies of these programs-- an assumption not supported by study findings which show large sex differences in academic ranks even in traditionally female professions such as health education and community health nutrition.

In a recent survey of doctoral programs in community health education, Levy compared faculty credentials and concluded that "While there was no statistically significant difference between males and

females regarding possession of a doctorate, length of service at their current institution, administrative positions, years of teaching in health education, there was overwhelming evidence that discrimination exists against women achieving the rank of full professor."[6] The current study was not designed to investigate sex or racial/ ethnic discrimination. No information was sought regarding educational and academic accomplishments of men and women faculty. However, the findings here support Levy's conclusion and present challenges to administrators of public health programs outside schools of public health to improve the status of women among their faculties and to provide appropriate role models to their students.

Residency Programs

The study provided information on 52 residency programs in preventive medicine and 10 programs in preventive (public health) dentistry that were located outside schools of public health. The most significant findings here related to the fact that programs in both areas appeared to be functioning under capacity and that support for residencies reported was generally lower than has been reported in previous studies.

Advisory Committee Conclusions and Recommendations

After discussing in detail the study findings and their implications, the Advisory Committee agreed that information presented in this report should be widely distributed and that the study findings had significance for graduate education in public health in general, as well as for programs within each field of specialization. Their discussions and conclusions centered on the following areas:

First, there are a significant number of programs located outside schools of public health that provide graduate education in public health. The study identified and described the characteristics of 317 graduate programs in public health that were located outside schools of public health in 1981-82. It is possible that a few eligible programs were overlooked, but the Advisory Committee agreed that the study had been very successful in identifying and bringing into focus for the first time programs in the public health field about which very little had been known previously.

Second, collectively, graduate programs in public health outside schools of public health represent an additional national resource. In most of the specialization areas included in the study, programs outside schools of public health enrolled more students than programs within

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6. Joyce I. Levy. The Roles and Functions of Doctoral Level Community Health Educators as Perceived by Faculty of Doctoral Programs in Community Health Education. (Unpublished Dissertation) New York University, School of Education, Health, Nursing, and the Arts Profession, July 1982, p.124.

schools of public health. For instance, the total number of students specializing in community health nutrition in schools of public health was 352 in contrast to 812 students in programs outside. Similarly, while 440 students specialized in health education programs within schools of public health, 5,827 enrolled in programs outside these schools. This relationship holds true for all other specialization areas except epidemiology and health statistics. In these two areas, most of the training occurs within schools of public health. Without further research no assessment can be made of the academic, geographic, and financial factors which affect the allocation of students to programs in schools of public health and those offered elsewhere.

Third, graduate programs in public health outside schools of public health appear to have large numbers of faculty, many with doctoral degrees, and the programs are well-supported by their institutions. The study was not designed to assess program quality. There were also no trend data to evaluate the stability of the programs included in the study. However, information that was available on a number of variables that are generally used to judge program quality (such as applicant/student ratios, program size, faculty/student ratios, degree backgrounds of faculty), coupled with the age of programs and institutional commitment in providing program funds, indicate that these programs are probably well-staffed and well-entrenched within the academic milieu of their institutions. Although this study did not investigate the question of whether these programs currently have sufficient resources to offer educational programs of the quality they desire, their heavy reliance on institutional funding would seem to make the programs relatively less affected by further cutbacks in Federal funding. One area where such cutbacks has made an impact was residency programs, where most appear to be functioning under capacity. Although in the past availability of funds had not always resulted in fully-functioning programs, the Advisory Committee agreed that, given the growing interest in preventive medicine, increased funding might help these programs recruit adequate numbers of residents. Increased funding would also help alleviate the current shortage of physicians and dentists in public health specialization areas.

Finally, the study raised many more questions than it answered. The study was successful in bringing into focus public health programs about which relatively little was known. More information is now needed before one can discuss education in public health as a combination of efforts outside and inside schools of public health.

Most urgently needed is information on graduates, and on the quality, cost and curricular content of programs located outside schools of public health. The number of students graduating from programs within and outside schools of public health raises questions about the ability of the labor market to absorb the current supply of graduate manpower. But how comparable are graduates of outside programs to those from schools of public health? Are they prepared for similar or different functions? How quickly are they placed in the labor market after graduation? Where do they find jobs? Are their jobs comparable to those of public health school graduates? Answers to such questions would be useful in determining how well graduates of programs outside schools of public health are trained and the types of functions for

which they are prepared. A survey of graduates would be a most cost-effective way of obtaining information regarding the quality of programs, and the labor market demand for these graduates.

Information is also needed on curricular content of these programs and the intensity of their public health focus. Public health schools are considered unique in their ability to combine successfully the hard and soft sciences that constitute the body of knowledge in public health and in introducing their students to the breadth and depth of public health. How comparable is the training provided outside schools of public health? What is the extent of research training available in programs outside schools of public health? Do the faculty in such programs engage in research and if they do, in what areas of research? The study showed that the programs were well-staffed with faculty with doctoral degrees. Before the qualifications of the faculty can be assessed, information is needed on their public health areas of specialization and expertise as well as areas of research. What are the educational experiences and research activities of faculty? How do they compare to faculty in public health schools? Answers to such questions would be critical in evaluating and determining the roles and functions of programs in different settings.

At the end of its final meeting, where the study findings and their implications were fully discussed, the Advisory Committee issued the following recommendations.

1. The study shows that significant additional national educational resources for public health exist outside schools of public health. The Committee recommends that Federal policies and funding include support for all these resources.

2. The Committee sees the need for establishing ongoing mechanisms among professional and educational organizations for sharing program information and data collection methodologies regarding graduate education in public health and the professions.

3. Each professional organization that participated in this study should use the methodology employed here as the basis for expanding its own data base for its member programs.

4. The Committee strongly recommends that further research on programs outside schools of public health be undertaken in several areas including a survey of employment characteristics of graduates, another survey of programs in 1983-84 with more focus on curriculum and program content, and improvement of methodologies to acquire reliable and comparable program cost information.

5. The Committee strongly recommends studies of graduates of public health programs both within and outside schools of public health. Such studies will have implications for reexamination of Federal, state, and local governments' policies that restrict employment for public health positions to graduates of schools of public health.

6. The Committee recommends that authorities and state and regional bodies of higher education as well as institutions of higher education within various states use the data from the study as part of their decision-making process and collaborate with representative organizations on policy formulations regarding education in public health.

The Advisory Committee also suggested a series of regional conferences to disseminate study findings widely and to use these conferences as a vehicle to bring together educators from programs within and outside schools of public health to exchange information and discuss matters of mutual concern. The Committee hopes that the study will result in increased dialogue regarding graduate education in public health.

TABLE 1

Comparisons of 1981-82 Program Characteristics of Graduate Public Health Programs Outside Schools of Public Health

	Community Health Nutrition	Community Health & Prev. Med.	Environmental & Occupational Health	Epidemiology	Health Services Administration & Planning[a]	Health Education	Health Statistics
Number of Programs	15	14	37	6	49	117	17
Percent in Public Institutions	85.7	57.1	74.3	80.0	55.1	89.5	70.6
Carnegie Classification Host Institution							
Percent in Research Universities	64.3	71.5	51.4	83.9	51.0	34.2	64.7
Percent in Doctoral Granting Universities	7.1	0.0	17.1	0.0	14.2	18.4	11.8
Percent in Comprehensive Universities & Colleges	21.4	7.1	31.5	16.7	29.6	44.7	5.9
Percent in Medical (Health Science) Centers[b]	0.0	21.4	0.0	0.0	4.1	0.0	17.6
Other	7.1	0.0	0.0	0.0	0.0	2.7	0.0
Median Age of Program	Over 10 yrs.	7.5 yrs.	Over 10 yrs.	Under 5 yrs.	Over 10 yrs.	9.3 yrs.	7.9 yrs.
Percent Offering the Doctorate	57.1	28.5	48.6	50.0	49.0	29.8	58.8
Mean Number of Faculty	11.7	15.8	9.6	6.2	6.4[c]	7.3	7.1
Percent Full-Time Faculty	73.1	38.5	72.2	12.9	NA	60.1	73.9
Percent Female Faculty	57.9	24.7	6.3	16.1	14.1	29.6	20.4
Percent Non-White Faculty	12.6	4.4	4.6	0.0	NA	5.3	9.9
Percent Faculty with Doctoral Degree	79.1	86.5	84.3	87.1	NA	75.2	92.0

[a]Information is for the 1980-81 academic year.

[b]The Carnegie classification includes in this group medical schools that are listed as separate campuses in the NCES directory.

[c]Full-time Faculty only.

TABLE 2

Comparisons of 1981-82 Student Characteristics of Graduate Public Health Programs Outside Schools of Public Health

	Community Health Nutrition	Community Health & Prev. Med.	Environmental & Occupational Health	Epidemiology	Health Services Administration & Planning[a]	Health Education	Health Statistics
Applicants							
Average (mean) number per programs	48.8	25.4	38.6	9.8	122.3	29.0	8.9
Percent Female	86.9	56.3	35.0	61.9	46.0	66.1	58.7
First-Year Students							
Average (mean) number per programs	15.6	11.1	16.9	5.2	NA	15.9	4.2
Percent Female	78.8	60.9	33.6	48.0	51.3	69.0	66.2
Percent Non-White	17.8	18.8	21.1	0.0	NA	20.0	12.7
Percent Full-Time	87.1	58.7	74.5	87.1	NA	43.9	84.8
Percent U.S. Citizen	82.3	94.2	91.4	93.5	NA	95.0	90.9
Median Age	Under 25	27.3	25.9	26.2	NA	26.8	25.4
Ratio of applicants to new students	3.1	2.3	2.3	1.9	2.8	1.8	2.1
Total Enrollments							
Average (mean) number per program	54.1	30.2	46.9	12.2	51.4[b]	49.8	15.1
Percent Female	77.6	57.2	33.0	63.8	52.0	68.1	59.0
Percent Non-White	18.9	18.8	12.7	14.6	12.3	17.3	17.5
Graduates							
Average (mean) number per program	17.0	5.9	12.2	2.8	27.7	12.4	2.9
Percent Female	79.0	53.8	26.3	53.3	38.1	68.4	50.0
Percent Non-White	17.7	21.7	13.5	0.0	NA	21.8	18.2
Percent U.S. Citizen	87.3	96.2	92.6	100.0	NA	95.0	86.4

[a]Information is for the 1980-81 academic year.

[b]Average full-time total enrollment.